

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36011

State File No. _____

FILED NOV 28 1955

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1225

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 5 years		e. STREET ADDRESS (If rural, give location) 221 N. 8th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) MILO b. (Middle) RAY c. (Last) DU PONT			4. DATE OF DEATH Nov. 14, 1955		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, RE-MARRIED married	8. DATE OF BIRTH December 6, 1890	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. telegrapher		10b. KIND OF BUSINESS OR INDUSTRY Railroad Company		11. BIRTHPLACE (City and State or Foreign Country) Richmond, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Dean Du Pont		13b. MOTHER'S MAIDEN NAME Hulda Bunce		14. NAME OF HUSBAND OR WIFE Mary - name	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 701-18-9305		17. INFORMANT'S SIGNATURE OR NAME Mrs. M. W. Stallard, Osborn, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage, left			DUE TO (b) Hypertensive, arteriosclerotic vascular disease 331XH			7 hours		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. carcinoma, metastatic to liver (?)						?		

19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

I hereby certify that I attended the deceased from 11/14, 1955, to 11/14, 1955, that I last saw the deceased on 11/14, 1955, and that death occurred at 2:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE Donald J. Stallard		(Degree or title) MD		23b. ADDRESS 902 Edmond St., City		23c. DATE SIGNED 11/16/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/16/1955		24c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery		24d. LOCATION (City, town, or county) (State) Osborn, Missouri	
DATE REC'D BY LOCAL REG. Nov 23, 1955		REGISTRAR'S SIGNATURE Kathleen M. Allison		485 Phaton - Brown		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St Joseph Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

can't say

MAR 16 1956
JAN 13 1956

Mr. Stallone

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Louisa Wood

Licensed Embalmer No. 3804

P. O. Address 314 S. 10th St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.